

January 25, 2007

DR FIRST NAME DR LAST NAME DEGREE
PRACTICENAME
Mailing address
City, ST Zip Code

Re: IMPORTANT INFORMATION – PLEASE READ CAREFULLY

Dear Dr. CAP Doctor last Name:

You have been identified as an optometrist that provides covered vision care services to the HealthWave Title 19 and Title 21 beneficiary populations. As you may know, VSP® began providing HealthWave vision benefits on behalf of UniCare, effective January 1, 2007. As a HealthWave provider, you can receive direct payment for covered vision care services rendered to members of UniCare. You may choose to receive the payment for services rendered and continue to see the UniCare HealthWave populations or receive payment for services provided through February 15, 2007 and not continue to see the UniCare HealthWave population. In either case, VSP will pay you the amount(s) identified on the enclosed *Professional Fee Schedule*.

To receive payment for services you have already rendered and continue to see the UniCare HealthWave population after February 15, 2007, please follow the steps below.

- Complete the enclosed *HealthWave Participation Agreement* for each doctor who wishes to see the UniCare HealthWave members.
- Mail the completed agreement and the member claims to VSP.

VSP
3333 Quality Drive
Rancho Cordova, CA 95670
ATTN: Dede Neifert/MS 231

- If you would prefer to fax the agreement and claims to VSP, please fax the information to Dede Neifert at (916) 858-5595.

To receive payment for services you have already rendered and **not** continue to see the UniCare HealthWave population, please follow the steps below. If you choose not to participate, only claims with dates of service prior to or on February 15, 2007 will be considered for payment.

- Mail the member claims to VSP. To ensure prompt payment, please include your tax ID number and a contact name and telephone number, should we have questions on a claim.

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Rancho Cordova, CA 95670
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To assist you in making your decision, the following is some additional information about the UniCare HealthWave plan.

- You are not required to participate in VSP's commercial network.
- There is no charge to you to see the UniCare HealthWave members.
- You may use any lab to manufacture materials for the member.
- Primary eye care services are covered under the UniCare HealthWave plan.
- The adult vision benefit has been enhanced for UniCare HealthWave Members.

If you do choose to continue to provide services to UniCare HealthWave members, VSP will enter your contact and payment information into our system. Once this information is entered into our systems there is a slightly different process for eligibility verification and claims submission.

Eligibility, benefit or claim status questions should be directed to VSP's Provider Services Support Line at (800) 615-1883. Please note that you must call this number to receive a benefit request number and verify eligibility before providing services to eligible UniCare HealthWave members. The benefit request number should then be recorded in Box 23 of the CMS-1500 claim form. A sample form with instructions is enclosed.

Properly completed CMS-1500 claim forms may be sent to:

VSP
P.O. Box 997100
Sacramento, CA 95899-7100

VSP will pay you the amount(s) identified on the enclosed *Professional Fee Schedule* for services rendered. You agree to accept these fees as payment in full for covered vision care services provided to UniCare HealthWave members and agree not to balance bill the member for any charges above these allowable amounts. It is important for you to understand that this agreement only pertains to UniCare HealthWave members and does not apply to any other line(s) of business you may have with VSP.

If you have any questions regarding this letter, please feel free to call me at (800) 852-7600, extension 3625. Thank you for your time and efforts – we look forward to working with you!

Sincerely,



DEDE NEIFERT,
Manager, Network Development
Health Care Services Division

cc:

Enclosures